

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: ADA ETRA Program

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** ZA09010380 **DATE OF SITE VISIT:** June 30, 2010
2. **GRANT PERIOD:** March 1, 2010 through February 28, 2012
3. **RECIPIENT/IMPLEMENTING AGENCY:**
Department of Children, Youth and Their Families
4. **PROJECT DIRECTOR:**
Diana Olivia-Aroche

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
_____	Fiscal Analyst	DCYF
_____	Sr. Planner/Policy Analyst	DCYF
_____	Planning and Policy Mgr.	DCYF
_____	Director	DCYF
_____	_____	_____
_____	_____	_____

On File
Signature of Program Specialist Date Signature of Section Chief Date

On File
Signature of Project Representative Date

2010-10-12- ADA Enforcement Team Recovery Act Program. San Francisco Site Visit Report.

6/15/2010

7/29/10 scanned & forwarded

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

YES NO N/A

1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Recipient made all relevant documents available for review - No Program Guidelines

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required Fidelity Bond Certificate? *[R.H. Section 2161]* Does not apply to state, city, or county units of government.
- Does the certificate show:
 - Bonding company's name
 - Bond number
 - Description of coverage
 - Amount of coverage (50% of allocation)
 - Bond period
 - Grant award number
 - Form A, Employee Dishonesty
 - Form B, Forgery Coverage
 - Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- Does the project have its CEQA documentation on file?(Ask to view)
 - Certified Exempt
 - Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Provided appropriate documentation for review.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

YES NO N/A

4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒ ☐ ☐

Comments:

Recipient provided document for review.

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒ ☐ ☐

Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

No modification needed at this time.

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

☒ ☐ ☐

☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
 - Job application ☒ ☐ ☐
 - Resume ☒ ☐ ☐
 - Performance evaluations ☒ ☐ ☐
 - Salary rates ☒ ☐ ☐
 - Benefits ☒ ☐ ☐
 - Current job duties/descriptions ☒ ☐ ☐
 - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
 - Name of individual who approves purchases.
n/a
 - Name of individual who writes checks.
n/a
 - Name of individual(s) who signs checks.
n/a

Comments:

Please see Comments section at the end of this report.

6/15/2010

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	YES	NO	N/A
10. <u>SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]</u>			
• Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project maintain an accurate inventory log of equipment purchased with grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

No equipment has been purchased nor earmarked to be purchased with these funds.

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

12. MATCH REQUIREMENTS

- | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|
| • Does the project have a match requirement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

13. EEO POLICY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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☐ ☒ ☐

Comments:

Recipient fully aware of EEO requirements.

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

Recipient fully aware of all reporting requirements.

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Each participating component of the grant, both programmatic/fiscal, tracks their own stats and then submits on a quarterly basis into a report template, then that documentation is inserted into the appropriate reporting format.

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

No changes have been made to the OA originally supplied in the application.

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

Discussed duties with the staff present. Each are performing the duties as stated in the application.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW & ADDITIONAL COMMENTS

Drug Enforcement Section

Anti-Drug Abuse (ADA) Enforcement Team Program

California Multi-Jurisdictional Methamphetamine (Cal-MMET) Enforcement Treatment Program

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|-------------------------------------|
| 1. If asset forfeiture funds are received and/or expended, are project income reporting forms completed and mailed to Cal EMA on a quarterly basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 2. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project track the percentage of time staff spends on non-project related duties? If no, please provide recommendations made to the project (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

All positions report time worked on functional time sheets.

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 4. Does the project maintain confidential funds? If yes, please describe policies (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5. Have all grant-funded positions been filled? If no, please explain (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have on-file the following documentation supporting the: | | | |
| o Signed DEC Protocol MOU | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of "project specific" duty statement, rather than a copy of the local agency job classification/position duty statement or description | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o ADA Steering Committee minutes signed by all required participants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of all approved Grant Award Modifications/Amendments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Recipient provided all documents for review.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

7. Is the Task Force a combined ADA/Cal-MMET Team?

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If yes, please describe how the task force ensures the statistics are not double reported on the ADA or Cal-MMET progress reports.

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

Documentation may include:

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| o Budget comparisons and/or projections before and after the Recovery Act award date | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Formal layoff recommendations and retractions (memos, reports) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

The application outlines the budget comparisons and projections relative to the uses of the ARRA funds.

SECTION IV - ADDITIONAL COMMENTS:

NOTES:

This project is relatively new, but extremely well run.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

... serves as the fiscal analyst for the grant and is responsible for processing all grant-related financial transactions in the City's financial system (FAMIS), including recording receipt of quarterly reimbursement checks received from Cal EMA Accounting. As an internal control, and as required by the City Controller, all financial transactions initiated by one individual, must be reviewed and approved in FAMIS by another. At DCYF, all financial transactions are reviewed and approved by either the departmental Fiscal Manager or, in some cases, the Budget Director. As reflected in the grant budget, all State ADA funds received by the City are used to fund salary and personnel costs for DET partners. As such, DCYF fiscal staff do not perform any of the functions listed below.

Name of individual who approves purchases, n/a.

Name of individual who writes checks, n/a.

Name of individual(s) who signs checks, n/a.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION III- AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

Drug Enforcement Section

Anti-Drug Abuse (ADA) Enforcement Team Recovery Act Program

California Multi-Jurisdictional Methamphetamine Enforcement Team (Cal-MMET) Recovery Act Program

- | | YES | NO | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Is the project aware that they must provide Cal EMA with a <u>valid</u> Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 2. Is the project aware of the Central Contractor Registry (CCR) requirements? | | | |
| ○ Register with a valid DUNS number; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Renew CCR registration yearly for the life of the grant. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project understand that they report Section 1512(c) information to Cal EMA and <u>not</u> to FederalReporting.gov directly? | | | |
| ○ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3 rd working day of each month for JAG funded programs and by the 10 th day of the each month for VOCA or VAWA funded programs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project understand that by accepting the grant award, they agreed to: | | | |
| ○ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Accounting systems must ensure that ARRA funds are not commingled with funds from any other source. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at www.whitehouse.gov/omb/circulars. ☒ ☐ ☐

Comments:

6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at www.usdoj.gov/oig. ☒ ☐ ☐

Comments:

7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. ☒ ☐ ☐

Comments:

- | | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|
| 8. | Does the project understand that by accepting the grant award, they: | | | |
| | o Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | o Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:
- Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT); ☒ ☐ ☐
 - PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and ☒ ☐ ☐
 - Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked. ☒ ☐ ☐

(Specific to Recovery JAG funded programs only).

Comments: